

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-APR-2016		TIME 18:44:00	2. ADDRESS OF OCCURRENCE 7031 S MERRILL AVE , Apt 101 CHICAGO, IL 60649				3. LOCATION CODE 090	4. BEAT/OCURR. 0331				
MEMBER INVOLVED <input type="checkbox"/> DNA	5. POSITION 9161	6. LAST NAME GIPSON	7. FIRST NAME DARIUS L	8. STAR NO. 12486	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE BLK	11 AGE 608	12 HT 164	13 WT. 608			
	14. DATE OF APPT 24-FEB-2003		15. EMPLOYEE NO [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 003 0306K	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME GUNN		21. FIRST NAME WALTER	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 26-MAY-1944	26. HT. 606	27. WT. 220			
	28. ADDRESS 1357 1/2 N LEAVITT ST CHICAGO, IL 60622		29. TELEPHONE NO [REDACTED]	30. WAS SUBJECT ARMED? OTHER (SPECIFY) [REDACTED]	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No <input type="checkbox"/> 03 Refused Medical Aid						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? JACKSON PARK HOSPITAL FOUNDATION		34. BY WHOM? DR FREDERICK	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED [REDACTED]	<input type="checkbox"/> DNA	37. CB NO. [REDACTED]	IR NO [REDACTED]	<input type="checkbox"/> DNA			
	SUBJECT INFORMATION <input type="checkbox"/> DNA	38. SUBJECT'S ACTIONS <input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		39. ACTIVE RESISTER <input type="checkbox"/> FLED <input checked="" type="checkbox"/>		40. ASSAULT:ASSAULT <input type="checkbox"/> IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		41. ASSAULT:BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> <input type="checkbox"/> OTHER _____		42. ASSAULT:DEADLY FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> <input type="checkbox"/> WEAPON <input type="checkbox"/> <input type="checkbox"/> OTHER _____		
		43. MEMBER'S RESPONSE <input type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> <input type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> <input type="checkbox"/> ARMBAR <input type="checkbox"/> <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> <input type="checkbox"/> OC/CHMICAL WEAPON <input type="checkbox"/> <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> <input type="checkbox"/> OTHER _____		44. MEMBER'S RESPONSE <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> <input type="checkbox"/> CANINE <input type="checkbox"/> <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> <input type="checkbox"/> TASER (Contact Stan) <input type="checkbox"/> <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> <input type="checkbox"/> OTHER _____		45. MEMBER'S RESPONSE <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> <input type="checkbox"/> OTHER _____		46. MEMBER'S RESPONSE <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> <input type="checkbox"/> KICKS <input type="checkbox"/> <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> <input type="checkbox"/> OTHER _____		47. MEMBER'S RESPONSE <input type="checkbox"/> FIREARM <input type="checkbox"/> <input type="checkbox"/> OTHER _____		
		48. OC/CHMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		49. ADDITIONAL INFORMATION								
		50. POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]								
		51. WEAPON TYPE <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER			52. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		53. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 02 Night <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		54. WEATHER CONDITIONS OTHER			
55. SPECIAL WEAPON CERTIFICATE NO.			56. PROPERTY INVENTORY NO.		57. TYPE OF AMMUNITION USED		58. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		59. TOTAL NO. OF SHOTS MEMBER FIRED			
60. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER			61. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		62. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		63. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)		64. OTHER (Specify) <input type="checkbox"/> 03 OTHER (Specify)			
65. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW			66. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		70. EVENT NO. 1608812185			
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
71. CASE INFO. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
72. SIGNATURES 73. REPORTING MEMBER (Print Name) GIPSON, DARIUS L 07-APR-2016 23:25:45												
74. REVIEWING SUPERVISOR (Print Name) SAUTKUS, STEVEN J												
75. REVIEWED BY DATE REVIEWED 07-APR-2016 23:27:49												

CPD-11.377 (REV. 3/08)

LOG# **1080018**
Attachment **28**

HZ217334

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REPUSED INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt was unable to interview the offender because he was taken to Jackson Park Hospital for mental evaluation.

76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the reports submitted at this time, the officer's actions were in compliance with department rules and regulations. Cross reference this with Log #1080010 obtained by Sgt Kennedy #1826 from IPRA at 2101 hrs.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WILLIAMS, TERESA H

SIGNATURE

DATE COMPLETED

TIME

08-APR-2016 17:10:13

79. TOTAL TRR's THIS EVENT No.